

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2403

Registration District No. 25-3

Primary Registration District No. 53-5-13

Registrar's No. 2

1. PLACE OF DEATH:

(a) County. DAVIESS
(b) City or town. CARLOW
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community. LIPE
years, months or days

3. (a) PRINT FULL NAME ADOLPHUS WHITT

3. (b) If veteran, name war. ✓ 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife REBECCA WHITT 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased APR. 14 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 28 If less than one day hr. min.

9. Birthplace DAVIESS CO (City, town, or county) (State or foreign country) MO

10. Usual occupation RETIRED

11. Industry or business

MOTHER FATHER { 12. Name. DO NOT KNOW 9
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name DO NOT KNOW 9
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant REBECCA WHITT

(b) Address CARLOW

17. (a) BURIAL (b) Date thereof 11/4/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MERCURY

18. (a) Signature of funeral director E. M. Jordan

(b) Address Springfield

19. (a) Jan 10 '41 (b) H. G. Marshall
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. DAVIESS
(c) City or town. CARLOW
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day Jan 9
year 1941 hour 3 minute 15 M.

21. I hereby certify that I attended the deceased from Jan 12, 1941, to Jan 12, 1941;
that I last saw him alive on Jan 12, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death. Heart Failure
Presumably

Due to.

Due to.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(e) Means of injury

23. Signature H. G. Marshall (M. D. or other) D

Address Rock Springs Date signed.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 2403

Registration District No. 253

Primary Registration District No. 5357

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Douglas
(b) City or town Jackson T.P.
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME

Adolphus White

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 75 Months 8 Days 28 If less than one day _____ min.

9. Birthplace Douglas Co. Mo. (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) _____ (Day) _____ (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) Missouri (b) A. F. Minnick Mo. (c) _____
(a) Received local registrar (b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

20. MEDICAL CERTIFICATION

20. DATE OF DEATH Month Jan day 9 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____; that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature A. E. Minnick (M. D. or other) _____
Address Louisiana Date signed 1941

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

